

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-17597		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 9/20/16		TIME: MILITARY 0610	
CRASH OCCURRED ON 315 S. West St.				WITHIN THE INTERSECTION OF Parking Lot							
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 8303			
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Red Sun Transportation			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Yago, Evan, A				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 13735 Imperial Ct. Sterling Heights, MI 48312							
PHONE NO. 586-567-2007		BIRTH DATE 8/10/78		AGE 38		SEX M		SOCIAL SECURITY NO.		STATE MI	
OWNER (IF SAME AS DRIVER, WRITE SAME) Red Sun Transport				ADDRESS 6500 E 11 Mile Rd. 12805				PHONE		OCCUPATION Truck Driver	
VEH YR		MAKE Semi-Truck		MODEL		COLOR W		STYLE T/A		STATE MI	
LICENSE PLATE NO. D393801		TOWING SERVICE		VEH/PED DIR FROM E TO W							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Liberty Mutual			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Aniki Joyce Jones				ADDRESS 1030 Hunters Run #63, Lebanon							
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE 513 491-8145			
VEH YR 07		MAKE Chev		MODEL SW		COLOR Pur.		STYLE SW		STATE OH	
LICENSE PLATE NO. G058575		TOWING SERVICE		VEH/PED DIR FROM N TO S							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES	
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS		ALCOHOL	
D E F		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS		ALCOHOL	
A		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		EJECTION		DRUGS	
O		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		EJECTION		DRUGS	
RECEIVED CALL 0610		DISPATCHED 0612		ARRIVED 0612		CLEARED 0630		OTHER TIME		TOTAL MINUTES 00off	
DATE REPORT FILED 9/21/16		PHOTOS YES NO		OFFICER'S NAME Barber		BADGE NO. 120		CHECKED BY			
State Ptl-012 2/13/03											